



Last Updated: 07/29/2022

Claims for Assisted Living Facility Initial Assessments and Annual Reassessments

The purpose of this bulletin is to remind assessors of the Department of Medical Assistance Services' (DMAS) process for submitting claims for Assisted Living Facility (ALF) initial assessments and annual reassessments.

In accordance with 22VAC30-110-30, DMAS currently provides reimbursement for completion of assessments and authorization of ALF placement for public pay individuals. Assessors are reminded that all claims for ALF initial assessments and annual reassessments should be submitted electronically through the DMAS Medicaid web portal. Select "Provider Resources" and then select "Claims Direct Data Entry" (DDE). Provider registration information is available on the portal, if a provider is not registered to submit claims. For questions regarding the Virginia Medicaid Portal, please contact the Web Support Health Desk, at 1-866-352-0496 from 8:00am to 5:00pm, Monday through Friday, except holidays.

The billing process for submitting claims for the initial assessments and annual reassessments has not changed. If the individual being assessed for ALF services is receiving targeted case management services through the local community services board (CSB), the annual reassessment is included in the cost of the quarterly case management fee and a separate claim should not be submitted to DMAS for processing. Local departments of social services may not bill for this function.

The procedure codes and rates for each assessment type are outlined below.

PROCEDURE CODE		RATE
S0221	Initial Assessment	\$100.00
S0220	Annual Short Reassessment	\$25.00
S0220 U1	Annual Long Reassessment	\$75.00

This bulletin does not change any process associated with the completion of initial assessments or annual reassessments for assisted living facilities. Assessors are required to maintain documentation in their files to support claims billed for the completion of initial assessments and annual reassessments. Assessment forms should not be sent to DMAS, but should be retained in the individual's record for future audit purposes.

For additional questions, please email Brenda Hornsby, Senior Policy Analyst, at Brenda.Hornsby@dmas.virginia.gov.



MEDICAID BULLETIN

Medicaid Expansion

New adult coverage begins January 1, 2019. Providers will use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as "MEDICAID EXP." If the individual is enrolled in managed care, the "MEDICAID EXP" segment will be shown as well as the managed care segment, "MED4" (Medallion 4.0), or "CCCP" (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: <http://www.dmas.virginia.gov/#/medex>.

PROVIDER CONTACT INFORMATION & RESOURCES

Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanoofvirginia.com , email: VAProviderQuestions@MagellanHealth.com , or call: 1-800-424-4046
Provider HELPLINE Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627